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Bib Data Sheet

CONFIRMATION NO. 6390

SERIAL NUMBER	FILING OR 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/826,428	04/16/2004	380	2436	CNTR.2227
RULE				

APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/506,971 09/29/2003 and claims benefit of 60/507,001 09/29/2003
and claims benefit of 60/506,978 09/29/2003
and claims benefit of 60/507,004 09/29/2003
and claims benefit of 60/507,002 09/29/2003
and claims benefit of 60/506,991 09/29/2003
and claims benefit of 60/507,003 09/29/2003
and claims benefit of 60/464,394 04/18/2003
and claims benefit of 60/506,979 09/29/2003
and claims benefit of 60/508,927 10/03/2003
and claims benefit of 60/508,679 10/03/2003
and claims benefit of 60/508,076 10/02/2003 *
and claims benefit of 60/508,604 10/03/2003
and is a CIP of 10/674,057 09/29/2003 PAT 7,321,910
(*Data provided by applicant is not consistent with PTO records.

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/25/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING 10	TOTAL CLAIMS 34	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

23669

TITLE

APPARATUS AND METHOD FOR PERFORMING TRANSPARENT CIPHER FEEDBACK MODE
CRYPTOGRAPHIC FUNCTIONS

FILING FEE RECEIVED 1152	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)